

# Vermont Psychiatric Care Hospital Procedure

## Grievance and Appeal

Revised: X

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### DEFINITIONS

**Patient Grievance:** A patient grievance is a formal or informal written or verbal complaint that is made to the hospital by a patient, or the patient's representative, regarding the patient's care at the Vermont Psychiatric Care Hospital (VPCH) (when the complaint is not resolved at the time of the complaint by staff present). A patient will be provided with assistance as necessary to put verbal grievances in writing.

**Grievance Committee:** The Grievance Committee is a VPCH committee authorized by the Commissioner of the Department of Mental Health to approve and be responsible for the effective operation of the grievance process, including the review and resolution of patient grievances. The Grievance Committee consists of the VPCH Chief Executive Officer, Director of Nursing, Medical Director and Director of Quality.

### CONSIDERATIONS/REQUIRED STEPS:

#### 1. Initiating a Grievance

- a) Hospital staff shall make reasonable efforts to informally resolve patient complaints concerning service and/or treatment provided to the patient while at VPCH. If a patient is not satisfied by informal efforts to resolve a complaint or if a patient chooses not to pursue a complaint with staff, the patient may initiate a formal grievance.
- b) Upon admission, each patient is provided with a copy of the Patient Handbook, where the VPCH grievance and appeal process is described. A patient and/or the patient's representative may initiate a grievance at any time by providing a statement that explains the problem and any relief requested to any VPCH employee. Whenever an employee of the Vermont Psychiatric Care Hospital receives a patient grievance, the employee shall immediately forward the grievance to the VPCH Quality Department.
- c) Oral grievances shall be documented in writing. A patient may request assistance in drafting the grievance from anyone, including hospital staff. Where a patient has requested assistance from hospital staff, staff shall either provide such assistance directly or refer the request to the Director of Quality. The Director of Quality shall ensure that the patient is afforded all of the information and/or assistance the patient needs in order to pursue the grievance.
- d) Patients may also request assistance from Disability Rights Vermont at any stage of the grievance process by contacting:

Disability Rights Vermont  
141 Main Street, Suite 7  
Montpelier, VT 05602  
(802) 229-1355; (800) 834-7890

- e) In addition to filing a grievance or instead of filing a grievance, a patient may, at any time, file a grievance directly with the Vermont Board of Health and/or the Vermont Medical Practice Board by forwarding the grievance to:

Board of Health and Board of Medical Practice  
Vermont Department of Health  
P.O. Box 70  
Burlington, VT 05402-0070  
(802) 657-4220; (800) 745-7371

A patient complaining of abuse, neglect, or exploitation may contact the state agency responsible for investigating such complaints by writing or calling:

Department of Disabilities, Aging and Independent Living  
Division of Licensing and Protection  
103 South Main Street  
Waterbury, Vermont 05671-2306  
Fax: 802-871-3317; Telephone: 800-564-1612

- f) Patient concerns regarding quality of care or premature discharge may also be sent to the Northeast Health Care Quality Foundation (NHCQF). NHCQF is the organization charged with reviewing the appropriateness and quality of care rendered to Medicare beneficiaries in hospital settings. Concerns or complaints can be sent to:

NHCQF  
15 Old Rollinsford Road, Suite 302  
Dover, NH 03820-2830  
800-772-0151 (toll free) or 603-749-1641  
603-749-1195 (Fax)  
[www.nhcqf.org](http://www.nhcqf.org)

## 2. Resolution Process

- a) The Quality Department shall record the receipt of the grievance and shall assign the grievance to the appropriate nurse manager(s) and/or department head for response. The person(s) responsible for follow-up and response to the grievance shall prepare a written response according to the timelines established in section (c) below. This individual shall be a person with no direct involvement in the issue being grieved. Grievances or complaints that allege abuse, neglect or exploitation shall immediately be addressed pursuant to the *Mandatory Reporting Policy and Procedure*. If the grievance relates to more than one department or unit, Quality may assign the grievance to multiple managers or department heads to respond.
- b) The manager or department head responsible for responding to a grievance shall, whenever possible, prepare a written notice of decision within 7 business days from the day that the Quality Department received the grievance. The notice shall contain the following:
- i) The name of the person deciding the grievance;
  - ii) The steps taken on behalf of the patient to investigate the grievance;
  - iii) The results of the grievance process;
  - iv) The date of completion;
  - v) How and to whom an appeal can be made.
- c) If some or all of the complaints in the grievance can not be properly investigated and/or resolved within the initial 7 business day period, the manager or department head responding to the grievance shall notify the Quality Department. The Quality Department shall provide written notification to the patient that the notice of decision shall be forthcoming and within 21 calendar days of the receipt of the grievance.

- d) The person responsible for responding to the grievance shall provide a copy of their response directly to the patient and shall also provide a copy to the Quality Department.
- e) On average, the hospital shall provide a written response to grievances within 7 business days.
- f) If the patient is dissatisfied with the response to their initial grievance, the patient may appeal to the Chief Executive Officer by providing the Director of Quality with written notice of appeal within ten business days from the date that the patient received the response. The Director of Quality shall have discretion to extend this deadline for good cause shown. The notice of appeal shall contain a brief statement of the relevant facts, and a statement about why they disagree with the response to their initial grievance.

### **3. Intermediate Appeals to the Chief Executive Officer**

- a) Upon receiving a notice of appeal from a grievance decision, the Director of Quality shall forward the grievance to the Chief Executive Officer. The Chief Executive Officer shall review the grievance decision and take such other action to investigate the matter as he or she deems appropriate.
- b) Within ten business days of receiving the notice of appeal, the Chief Executive Officer shall convene a meeting with the patient to consider any information the patient may wish to present in support of his or her appeal. The patient may be represented at this meeting by a person of the patient's choice. The patient may question witnesses, offer written information for the Chief Executive Officer's consideration, and tape the proceedings. The meeting shall be conducted as informally as possible consistent with the need for an orderly and complete presentation of the grievance. The rules of evidence shall not apply.
- c) Within ten business days of the meeting, the Chief Executive Officer shall provide the patient, the patient's representative, the leader of the department being grieved, and the Director of Quality with a written notice of decision, including the steps taken to investigate the appeal, and the reasons for the decision.
- d) If the patient is dissatisfied with the Chief Executive Officer's decision, the patient may further appeal the decision to the Commissioner of Mental Health by providing the Director of Quality with written notice of intent to appeal within ten business days from the date of the Chief Executive Officer's decision. The Director of Quality shall have discretion to extend this deadline for good cause shown. The notice of appeal shall contain a statement of the relevant facts, and a statement about why they believe the Chief Executive Officer's decision was wrong.

### **4. Final Appeals to the Commissioner**

- a) Upon receiving a notice of appeal from a grievance decision, the Director of Quality shall forward the notice to the Commissioner. The Commissioner or designee shall review the grievance decision and take such other action to investigate the matter as he or she deems appropriate.
- b) Within ten business days of receiving the notice of appeal, the Commissioner or a person he or she designates shall convene a meeting with the patient to consider any information the patient may wish to present in support of his or her appeal. The patient may be represented at this meeting by a person of the patient's choice. The patient may question witnesses, offer written information for the Commissioner or designee's consideration, and tape the proceedings. The

meeting shall be conducted as informally as possible consistent with the need for an orderly and complete presentation of the grievance. The rules of evidence shall not apply.

- c) Within ten business days of the meeting, the Commissioner or designee shall provide the patient and/or the patient's representative with written notice of decision, including the steps taken to investigate the grievance, and the reasons for the decision. The Commissioner's decision shall be final, and not subject to further agency review or appeal.
- d) When the Commissioner's decision includes recommendations for systems change at VPCH or other recommendations for action, the Director of Quality shall be responsible for ensuring the all recommendations are considered by VPCH leadership.

## **5. Systems Review**

- a) The Grievance Committee
  - i) The Grievance committee shall meet at least quarterly to review all grievance decisions and the grievance process generally. The Director of Quality shall be the member of the Grievance Committee charged with responsibility for general oversight of the grievance process.
  - ii) On a quarterly basis the grievance committee shall review and analyze all grievances filed and decisions issued. The review should consider:
    - (a) trends and/or patterns indicated by the grievances, specific to patients, employees, locations, and other facts, circumstances or conditions that are similar among the grievances;
    - (b) all ideas and suggestions for policy, procedural, educational or other management or operational changes that might address any issues raised by the grievances; and
    - (c) the need for performance improvement projects that may be indicated.
  - iii) Based on the quarterly review, the Grievance Committee shall make recommendations to the Chief Executive Officer as may be indicated.
- b) Aggregate grievance and appeals data shall be presented periodically to the Commissioner and the Advisory Committee and the Adult State Standing Committee.

<b>Approved by VPCH Policy Committee</b>	<b>Approval Date: April 7, 2014</b>
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